



November 2019

This newsletter alerts providers to upcoming changes and other information

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Empower Healthcare Solutions
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Eagan, MN 55121

Member Services: 866-261-1286 | TTY 711

Provider Services: 855-429-1028

Fax: 888-614-5168

Website: www.getempowerhealth.com

Provider Alert: Medicare Crossover

Empower is now a COBA Trading Partner with CMS/Medicare. Effective November 1, 2019 please submit claims for all dates of service, for dually eligible members in the following manner:

- If the CPT/REV code is **NOT** on the [Empower Medicare Bypass List](#), submit claim(s) to Medicare **ONLY**. Medicare will adjudicate and send the remainder of the claim to Empower for additional processing.
- If the CPT/REV code is **ON** the [Empower Medicare Bypass List](#), submit directly to Empower.
- For claims submitted directly to Empower prior to November 1, 2019 and the COBA Trading Partnership that need to be corrected, please send those corrections directly to Empower.
- For claims that were overpaid or underpaid, when Medicare was primary from 3/1/19 to present, those claims are in the process of being corrected over the next several weeks.
- If you have a member new to Empower, please wait approximately 15 days to submit their Empower claims to Medicare. Medicare only receives Empower membership updates twice a month.

Provider Complaints, Grievances, and Appeals

Announcement: New Email Address for Provider Complaints, Grievances, and Appeals:

Providers have the right to make a complaint, or file a grievance or an appeal with Empower.

A provider may submit a complaint regarding issues other than those related to the terms of the provider agreement and/or performance under the provider agreement (e.g., service complaints, complaints about Empower's policies and procedures or the policies and procedures applicable to a specific client benefit plan or government-sponsored health benefit program).

There is now a separate email address for providers to use when you would like to submit a complaint or file an appeal with Empower. If you have a question or need assistance, you may contact Empower utilizing the email address for Provider Complaints, Grievances, and Appeals:

ProviderComplaints@empowerhcs.com

Introduction to Quality of Care Concerns and Reviews:

A Potential Quality of Care (PQOC) concern is defined as any quality of care or service issue that could potentially impact the care being provided to the member. A Quality of Care (QOC) concern is defined as a concern that care provided to a member did not meet a professionally recognized standard of health care; it is a deviation from a reasonably expected standard of care on the part of the provider based on established medically necessary criteria and/or safety standards essential to maintain safety and promote improved health and functioning immediately. Sentinel events, hospital-acquired conditions, and serious multiple reportable events/incidents are considered potential quality of care concerns.

PQOC concerns may be initiated by a member, provider, or health plan staff and are tracked and investigated by Empower's Quality Department and Medical Director. The investigation may include outreach calls, site visits, and requests for medical records from any and/or all of a member's service providers. Participating Empower providers are required to participate in critical incident and quality of care reporting. Additionally, providers will be expected to cooperate with any investigation conducted by Empower (or outside agencies).

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Upon receipt of all necessary information, a Quality of Care review is conducted. The review is focused on determining whether the quality of the service(s) provided to a member was consistent with professionally recognized standards of health care. A clinical review by the Medical Director is part of the QOC review. In addition, based upon the severity of the issue, the identified issue may be sent for peer review to the Empower Peer Review Committee/Quality of Care Committee.

When poor quality of care is detected, follow-up actions are agreed upon and monitored. Remedial actions may involve one or more of the following activities: telephone discussion, written correspondence, or required consultation with the provider, increased intensity of utilization management activity, satisfactory completion of designated continuing education, or development and completion of a corrective action plan. All Quality of Care issues, whether confirmed or negated, are filed in the individual provider's quality file.

Incident Reporting-Important Reminders

Where do I find the Incident Report Form

The form can be found by clicking the following link: [Incident Report Form](#)

Note DHS QA Incident Report Form Revised: 08/29/2019.

Where do I send my Incident Report?

Empower Healthcare Solutions

Email: Incident.Reporting@empowerhcs.com

Emergency Number/Report Line: (866) 261-1286

Fax Line: (888) 614-5168

DHS PASSE Quality Assurance Unit

Email: DHS.DDS.Central@arkansas.gov

Emergency Number/Report Line: (501) 371-1329

Fax Line:(501) 682-8656

Who do I contact if I have questions about or need assistance with incident reporting?

Email: Incident.Reporting@empowerhcs.com

Training on Incident Reporting can be made available to providers by contacting Janice Malone at Janice.Malone@empowerhcs.com.

Empower's Special Investigations Unit (SIU)

Documentation Requirements – What is required?

Empower SIU audits provider documentation to ensure compliance with the Empower Provider Handbook, the Arkansas Medicaid Provider Manual, and any other applicable requirements.

Per the Empower Provider Handbook, providers must keep accurate and complete medical records for Empower members. Medical records are defined as “the complete, comprehensive member records including, but not limited to, x-rays, laboratory tests, results, examinations and notes, accessible at the site of the member’s participating primary care physician or other provider, that documents all medical services received by the member, including inpatient, ambulatory, ancillary, and emergency care, prepared in accordance with all applicable state rules and regulations, and signed by the medical professional rendering the services.”

For more information on medical record standards and documentation requirements, please refer to the Empower Provider Handbook and the Arkansas Medicaid Provider Manual.

Please note – failure to adequately document billed services may result in the recoupment of funds or other adverse actions.

Empower Provider Handbook:

<https://www.getempowerhealth.com/>

Arkansas Medicaid Provider Documents:

<https://medicaid.mmis.arkansas.gov/provider/docs/docs.aspx>

National Correct Coding Initiative (NCCI)

Empower follows the National Correct Coding Initiative edits. Information can be found at the following website:

<https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html>

The complete updated NCCI edit files are posted here at the beginning of each calendar quarter.

<https://www.medicaid.gov/medicaid/program-integrity/ncci/edit-files/index.html>



Upcoming Webinars

Provider Orientation—This webinar will cover Empower related information including provider responsibilities, provider resources, member rights and responsibilities, eligibility, covered services, utilization management, care coordination, claims submission, quality improvement, the Empower portal, and more.

Provider Orientation		
Tuesday, December 17, 2019	10:00 am—11:30 am	Register Here!

Educational Opportunities:

- Care Coordination Overview
- Person Centered Service Plan
- Incident Reporting for Empower Providers
- Empower Provider Orientation
- InterQual and Medical Necessity Evaluations
- Personal Care Services
- Provider Portal: Prior Authorization and Claims
- Psychiatric Residential Treatment and Intermediate Care Facilities (ICF)
- Psychiatric Residential Treatment and Intermediate Care Facilities (ICF)
- Inpatient Authorizations: Navigating Identifi and Medical Necessity
- Outpatient Services and Home and Community Based Services
- Overview of PT, OT, ST and Day Treatment Services
- Developmental Disability Services

Resources:

Stay in the know with these useful links!

Empower Resource Links:

[Provider Alerts](#)

[Provider Billing FAQ](#)

[Quick Reference Guide](#)

[Clinical Practice Guidelines](#)

[Provider FAQ](#)

[Empower Ethix360](#)

[Provider Handbook](#)

Arkansas DHS Resource Links:

[DMS: PASSE](#)

[Office of PASSE Ombudsman](#)

[PASSE Information for Providers](#)

Important Contact Information

Provider Services

855-429-1028

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866-261-1286

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Special Investigations Unit

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To visit our website please go to:

www.getempowerhealth.com

On our website you will find:

- Clinical Practice Guidelines
- Contracting with Empower
- Cultural Competency Plan
- Forms and Resources
- Incident Reporting
- Provider Alerts
- Provider FAQ
- Provider Billing FAQ
- Provider Handbook
- Provider Portal
- Pharmacy Provider Guideline

Please feel free to share this newsletter.

If you would like to receive the newsletter, provider alerts, or member information please register for the provider distribution list at the following link.

[Provider Signup](#)

Division of Medical Services (DMS)

toll-free numbers:

Beneficiary Eligibility

800-482-8988

Beneficiary Coverage

800-482-5431

Office of PASSE Ombudsman

844-843-7351